DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AUTUMN WINDS OF OAKLAND LLC (0009237)

Address: N3767 AIRPORT RD, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096689 End Date: 03/28/2006 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092155 End Date: 03/08/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 08/22/2003 Date Investigation Completed: 03/09/2004

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED

ADMISSION, TRANSFER & DISCHARGE SUBSTANTIATED NOT RECORDED

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